STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395751	A. BLDG: 00 B. WING:	05/19/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: **180902**	**174 VIRGINIA AVENUE** **ROCHESTER, PA 15074**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to three complaints completed on May 19, 2023, it was determined that Rochester Manor was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0000		
F 0678 SS=J		F 0678		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0678 SS=J	Continued from page 1 483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by:	F 0678	Cited resident R1 was not administered CPR, has passed away and is no longer in the facility. Whole house audit was conducted by DON (Director of Nursing) or designee on code status availability in same location in Point Click Care (electronic health record) and code binders on units with POLST/orders/advanced directives to ensure they match. NHA or designee conducted a 6 month lookback to determine if residents code status/advanced directives were honored. All licensed staff were re-educated on the need to start CPR timely per AHA (American Heart Association) and facility policy/guidelines. This education was completed by DON or designee on 5/17/23 in person and via telephone calls, with any staff not reached receiving the education prior to their next shift. Directed Inservice will be	Completion Date: **06/16/2023** Status: **APPROVED** Date: **06/09/2023**

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F 0678 SS=J	Continued from page 2	F 0678	conducted with licensed staff, titled F678: Cardio Pulmonary Resuscitation by Elise Hummert of AAE Consulting group. Inservice will be conducted on 6/14/23. Audits of code status as well as code drills will be conducted by DON or designee of weekly x4 weeks then monthly x3 months to ensure code status is correct and available to staff and that licensed staff are following the AHA and facility policy/guidelines. Ongoing results will be submitted to center Quality Assurance and Performance Improvement committee.	

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F 0678 SS=J	Continued from page 3 Based on a review of facility policy, closed resident clinical record, staff interviews, and physician interview, it was determined the facility failed to ensure staff initiated CPR (cardiopulmonary resuscitation - a life saving procedure that is done when breathing or the heartbeat has stopped) to an unresponsive resident resulting in an Immediate Jeopardy (a situation in which the provider's non-compliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident) for one of 70 residents reviewed, Closed Record Resident R1 (CR1). Findings included: Review of facility policy titled "Emergency Procedure - Cardiopulmonary Resuscitation" last reviewed 1/26/23, informed Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation (controlled electric shock to restore normal heart rhythm), for victims of sudden cardiac arrest. If an individual	F 0678		

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F 0678 SS=J	Continued from page 4 (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless: it is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or there are obvious signs of irreversible death (e.g. rigor mortis [stiffening of joints and muscles of a body a few hours after death]). If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: instruct a staff to activate the emergency response system (code) and call 911. Instruct a staff member to retrieve the automatic external defibrillator. Verify or instruct a staff member to verify the DNR or code status of the individual. Initiate the basic life support (BLS) sequence of events. The BLS sequence of events is referred to as "C-A-B" (chest compressions, airway, breathing). All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Continue with CPR/BLS until emergency medical personnel arrive.	F 0678		

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F 0678 SS=J	Continued from page 5 Review of CR1's clinical recorded revealed the resident was admitted to the facility on 5/8/23. Diagnoses included peripheral vascular disease (reduced blood flow to the limbs), dysphagia (difficulty in swallowing food and liquids), hypoglycemia (deficiency of glucose/sugar in the bloodstream) , diabetes (the body's inability to produce or control the hormone insulin resulting in elevated levels of glucose in the blood and urine), end stage renal disease (temporary or permanent damage to the kidneys resulting in loss of normal kidney function), and acquired absence of left leg below the knee (left leg amputation below the knee). Review of CR1's current physician orders dated 5/1/23, included the resident's code status as CPR, full treatment, use antibiotics, long term intravenous fluids and tube feeding effective 5/8/23. Review of CR1's clinical record revealed a POLST (Physician's Order for Life Sustaining Treatment-a medical order specifying the type of medical treatment a person wants in the event of a serious	F 0678		

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F 0678 SS=J	Continued from page 6 illness) dated 1/20/23, that indicated the resident wanted CPR initiated with full treatment (CPR, Full Code) to include antibiotics, airway interventions, antibiotics, long term artificial nutrition and hydration. The POLST included the resident's signature. Review of CR1's Minimum Data Set (MDS-periodic assessment of care needs) dated 5/13/23, indicated a Brief Inventory for Mental Status (BIMS- a screening tool used to determine cognition) score of 15, indicating the resident had no cognitive impairment. Review of CR1's care plan initiated 5/8/23, included the resident had the potential for alteration in cardiovascular status related to arteriosclerotic heart disease (thickening and hardening of the coronary arteries), coronary artery disease (build up of plaque in the coronary arteries), chronic kideny disease and renal failure. Interventions included to monitor and document for signs and symptoms of cardiac complications: altered mental status, altered level of consciousness, pallor (pale looking), diaphoresis	F 0678		

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F 0678 SS=J	Continued from page 7 (excessive and abnormal sweating), nausea and vomiting, and to notify the physician for further interventions. Review of CR1's progress notes documented the following: 5/13/23, at 4:05 a.m. - Resident is nauseated, vomiting, and dry heaving and unable to take anything by PO (by mouth) at this time. 5/13/23, at 4:06 a.m. - Resident refused dialysis today as they are nauseated, vomiting and dry heaving. 5/13/23, at 12:36 p.m. - Resident refused PO medications due to nausea. 5/13/23, at 2:00 p.m. - Resident was administered Zofran Oral Tablet 4 mg for nausea. 5/13/23, at 10:06 p.m. - Resident in bed all day. Refused dialysis due to nausea. Refused breakfast, lunch, did agree to try clear liquids at dinner, took in hot tea, gingerale, and a few bites of Jello. Physician	F 0678		

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F 0678 SS=J	Continued from page 8 was contacted due to ongoing nausea, new order for Zofran, adminstered at 2:00 p.m. Re- fused medications throughout day. Complained at 7:00 p.m. of generally not feeling well, achiness all over, feeling hot, sweating, moaning and calling out several times, holding basin due to nausea. Vital signs included blood sugar at 284 (elevated), temperature 97.3 (normal) degrees, pulse 88 beats per minute, respirations 20 breaths per minute, 95% oxygen level, and blood pressure 81/43 (low). Call placed to physician at 7:20 p.m. and updated on complaints and vital signs, advised to administer Percocet for pain and re-assess. Percocet not on hand to administer, offered Tylenol with resident replying "maybe in a little while." Offered Tylenol and cold water at 7:45 p.m. and declined. Entered room at 8:15 p.m. to re-assess resident and was noted to be slumped over to the left side in	F 0678		

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F 0678 SS=J	Continued from page 9 bed. Extensive mottling (a blotchy red-purplish marbling of the skin occuring when the heart is no longer able to pump blood effectively) noted to entire body, no spontaneous pulse or respirations noted. Per POLST, CPR, Full Treatment. Physician contacted and updated that resident was beyond means of resuscitation and advised to not initiate CPR. Time of death was 8:17 p.m. During an interview on 5/16/23, at 2:22 p.m. Registered Nurse Employee E1 reported working the 7:00 a.m. to 7:00 p.m. shift on 5/13/23. The previous shift relayed that CR1 refused dialysis. The resident reported feeling tired, did not eat or drink. Zofran was administered and the resident had clear liquids. At about 7:00 p.m. the resident felt hot, and the resident's blood sugar was on the lower side. The physician was contacted and requested a pain medication be administered. At 8:15 p.m. Registered Nurse Employee E1 reported finding CR1 slumped over in their bed and found the resident to not be breathing, had no pulse, and was	F 0678		

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F 0678 SS=J	Continued from page 10 extensively mottled. The nurse left the resident to check the code status and found the resident to be CPR, Full Code. CPR was not initiated. Registered Nurse Employee E1 then called the physician at 8:17 p.m., relayed the observations of the resident, and was instructed to not initiate CPR. Registered Nurse Employee E1 reported Registered Nurse Employee E2, Nursing Assistant Employee E3, Nursing Assistant Employee E4, and Nursing Assistant Employee E6 were also on the unit. Registered Nurse Employee E1 reported Registered Nurse Employee E2 was "tied up" passing medications and Registered Nurse Employee E1 did not give any instructions to assist as it "would have taken more time to explain" to registered Nurse Employee E2 on what to do. Registered Nurse Employee E1 reported that the Nursing Assistants were not in plain site. Registered Nurse Employee E1 also reported having to work past the end of their shift, until about 11:00 p.m. During an interview on 5/16/23, at 3:05 p.m. Registered Nurse Employee E2 reported working	F 0678		

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F 0678 SS=J	Continued from page 11 the 3:00 p.m. to 3:00 a.m. shift on 5/13/23. The nurse reported another nurse came to report CR1 had ceased to breathe. Registered Nurse Employee E2 reported to be passing medications and was behind in passing medications. Registered Nurse Employee E2 reported Registered Nurse Employee E1 did not request any assistance with CR1 and completed passing medications for a different resident. Registered Nurse Employee E2 then went to CR1's room but did not check the resident for a pulse or respirations, observed mottling, reported the resident's hands were cold, and went back to passing medications to other residents. Registered Nurse Employee E2 also reported three Nursing Assistants were assigned to the unit. On 5/17/23, at 1:40 p.m., the Nursing Home Administrator was made aware Immediate Jeopardy was called as the facility failed to ensure staff initiated CPR to an unresponsive resident. The Immediate Jeopardy template was provided at that time and a corrective action plan was requested.	F 0678		

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F 0678 SS=J	Continued from page 12 Attempted phone contact made 5/17/23, at 3:48 to Nursing Assistant Employee E3. Message left requesting a return call. No response received. During an interview on 5/17/23, at 3:53 p.m. Nursing Assistant Employee E4 reported beginning their shift at 7:00 p.m. on 5/13/23. The Nursing Assistant did not remember any staff person calling out for assistance for an unresponsive resident. On 5/17/23, at 5:54 p.m. an Immediate Action Plan was accepted with the following actions: **Immediate Action:** Cited resident R1 was not administered CPR, has passed away and is no longer in the facility. **Residents:** Whole house audit will be conducted by DON (Director of Nursing) or designee on code status availability in same location in Point Click Care (electronic health record) and code binders on units with POLST/orders/advanced directives to ensure	F 0678		

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F 0678 SS=J	Continued from page 13 they match. NHA or designee will conduct a 6 month lookback to determine if residents code status/advanced directives were honored. **System Correction:** Facility policy reviewed. All licensed staff will be re-educated on the need to start CPR timely per AHA (American Heart Association) and facility policy/guidelines. This education will be completed by DON or designee by 5/17/23 in person and via telephone calls, with any staff not reached receiving the education prior to their next shift. **Monitoring:** Audits of code status as well as code drills will be conducted by DON or designee of weekly x4 weeks then monthly x3 months to ensure code status is correct and available to staff and that licensed staff are following the AHA and facility policy/guidelines. Ongoing results will be submitted to center Quality Assurance and Performance Improvement	F 0678		

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F 0678 SS=J	Continued from page 14 committee. During an interview on 5/18/23, at 10:46 a.m. Physician Employee E5 reported Registered Nurse Employee E1 phoned twice on 5/13/23, once in the morning as CR1 was not feeling well and refused dialysis, and again in the afternoon as CR1 was nauseated and an order for Zofran was given. Physician Employee E5 reported at approximately 8:00 - 8:15 p.m. Registered Nurse Employee E1 phoned to report CR1 was mottled and unresponsive and did not report the resident had any trauma or rigor mortis. Physician Employee E5 reported CPR should have been initiated and a call to 911 should have been placed. During observations, facility provided documentation, and staff interviews on 5/18/23, at 3:15 p.m., the whole house audit of resident code status was updated in Point Click Care (facility's electronic medical record), the resident's records and in code binders on the units, the 6 month lookback period to determine if residents code	F 0678		

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F 0678 SS=J	Continued from page 15 status/advanced directives were honored, audit forms and code drill forms were created and to be implemented on 5/22/23, were completed, and Quality Assurance and Performance Improvement committee was notified. Policy on Emergency Procedure - Cardiopulmonary Resuscitation was updated to include locations where code status could be found and obvious signs of irreversible death completed. Forty-five percent of the staff were re-educated on the updated facility policy and AHA guidelines on CPR and location of code status for residents. During an interview on 5/19/23, at 1:30 p.m. Registered Nurse Employee E7 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 1:35 p.m. Registered Nurse Employee E8 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious	F 0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: 180902	174 VIRGINIA AVENUE ROCHESTER, PA 15074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0678 SS=J	Continued from page 16 signs of death. During an interview on 5/19/23, at 1:40 p.m. Registered Nurse Employee E9 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 1:45 p.m. Registered Nurse Employee E10 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 2:22 p.m. Registered Nurse Employee E1 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During a telephone interview on 5/19/23, at 2:24 p.m. Registered Nurse Employee E11 reported training was received on new CPR protocol,	F 0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: **180902**	**174 VIRGINIA AVENUE ROCHESTER, PA 15074**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0678 SS=J	Continued from page 17 locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 3:40 p.m. Registered Nurse Employee E12 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 3:45 p.m. Registered Nurse Employee E13 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. During an interview on 5/19/23, at 3:50 p.m. Registered Nurse Employee E14 reported training was received on new CPR protocol, locations of code status, DNR (do not resuscitate), and obvious signs of death. On 5/19/23, at 3:35 p.m. one hundred percent of staff were re-educated on updated facility policy	F 0678		

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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: 180902	174 VIRGINIA AVENUE ROCHESTER, PA 15074

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F 0678 SS=J	Continued from page 18 and AHA guidelines on CPR and location of code status for residents. Fourteen of twenty-eight staff confirmed receiving training on resident code status locations, CPR protocol, POLST, and obvious signs of death. On 5/19/23, at 4:30 p.m. the Nursing Home Administrator was made aware the Immediate Jeopardy was lifted. During an interview on 5/17/23, at 1:40 p.m., the Nursing Home Administrator confirmed the facility failed to administer CPR to an unresponsive resident which resulted in an Immediate Jeopardy situation for one of 70 residents reviewed. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.29(d)(j) Resident rights. 28 Pa. Code 211.10(c) Resident care policies.	F 0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: **180902**	**174 VIRGINIA AVENUE** **ROCHESTER, PA 15074**

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F 0678 SS=J	Continued from page 19	F 0678		

Certified End Page

ROCHESTER RESIDENCE AND CARE CENTER

STATE LICENSE NUMBER: 180902

SURVEY EXIT DATE: 05/19/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY